

# THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

12818

State File No. ....

FILED MAR 20 1953

BIRTH NO. .... REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 738

<b>1. PLACE OF DEATH</b> a. COUNTY <u>St. Louis</u>				<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Venita Park</u>		c. LENGTH OF STAY (In this place) <u>15 Yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Venita Park 4270</u>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>8109 Washington St.</u>				d. STREET ADDRESS (If rural, give location) <u>8109 Washington St.</u>			
<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <u>Fred</u> b. (Middle) <u>G</u> c. (Last) <u>Himmelmänn</u>			<b>4. DATE OF DEATH</b> (Month) (Day) : (Year) <u>3/5/53</u>				
<b>5. SEX</b> <u>Male</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>Single</u>	<b>8. DATE OF BIRTH</b> <u>Sept. 12 1891</u>	<b>9. AGE</b> (In years last birthday) <u>61</u>	<b>10. UNDER 1 YEAR</b> Months Days Hours Min.		
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Bus Driver</u>			<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>Public Ser.</u>		<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <u>St. Louis Mo.</u>		
<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>USA</u>			<b>13a. FATHER'S NAME</b> <u>Rudolph Himmelmänn</u>				
<b>13b. MOTHER'S MAIDEN NAME</b> <u>Mathalida Grunow</u>			<b>14. NAME OF HUSBAND OR WIFE</b> <u>None</u>				
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, No, or unknown) (If yes, give war or dates of service) <u>Yes W.W.#1</u>		<b>16. SOCIAL SECURITY NO.</b> <u>Dont Know</u>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> ADDRESS <u>Ruth Brandt 8109 Washington St.</u>			
<b>MEDICAL CERTIFICATION</b>							
<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Cerebral Apoplexy</u>  <b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) _____			<b>INTERVAL BETWEEN ONSET AND DEATH</b> <u>2 hrs</u>		
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.  <div style="text-align: right; font-size: 2em;">334X</div>		<b>19a. DATE OF OPERATION</b>			<b>19b. MAJOR FINDINGS OF OPERATION</b>		
<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)					
<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>21c. (CITY, TOWN, OR TOWNSHIP)</b> (COUNTY) (STATE)		<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour)			
<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>21f. HOW DID INJURY OCCUR?</b>					
<b>22. I hereby certify that I attended the deceased from</b> <u>March 5, 1953</u> , to <u>March 5, 1953</u> , that I last saw the deceased alive on <u>March 5, 1953</u> , and that death occurred at <u>2:10 a</u> m., from the causes and on the date stated above.							
<b>23a. SIGNATURE</b> (Degree or title) <u>C. E. Sterling MD</u>		<b>23b. ADDRESS</b> <u>2050 North 4 South Rd. St. Louis</u>		<b>23c. DATE SIGNED</b> <u>3-6-53</u>			
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Burial</u>		<b>24b. DATE</b> <u>3/9/53</u>		<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Calvary Cemetery</u>			
<b>24d. LOCATION</b> (City, town, or county) (State) <u>St. Louis Mo.</u>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> ADDRESS <u>W. Clark 1125 Hodiamont Ave.</u>					
<b>DATE REC'D BY LOCAL REG.</b> <u>3-6-53</u>		<b>REGISTRAR'S SIGNATURE</b> <u>H. R. Danks - M.D.</u>					

P.T. (Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

2000 N&S Rd.  
W1.2624

2012

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*John S. Dennehy*  
Licensed Embalmer No. 4194  
P. O. Address St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.